



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4673 FAX: 603-271-4859 TDD Access: 1-800-735-2964

MILK SANITATION LICENSE APPLICATION

Enclosed is an application for a milk sanitation license with the State of New Hampshire. Please complete the application and return it with all applicable attachments and the required fee outlined in the schedule on this page. The fee is to be made payable to "Treasurer, State Of New Hampshire". All Milk Sanitation Licenses expire on the first of January after the year of issuance. Each facility must be licensed separately.

In accordance with RSA 184:84 milk sanitation licenses are required for all milk plants located within the State of New Hampshire, all milk plants located outside the state which sell or offer for sale milk and milk products within the State of New Hampshire, and all milk distributors, producer-distributors which sell or offer for sale milk and milk products within the State of New Hampshire regardless of where they are located. A **milk plant** is defined as "any place, premises, or establishment where milk or milk products are collected, handled, processed, stored, pasteurized, bottled, packaged, or prepared for distribution." A **milk distributor** is defined as "any person who offers for sale or sells to another any milk or milk products for human consumption as such." A **producer-distributor** is defined as a milk producer (the person who controls the milking animals) who is also a milk distributor and sells more than an average of 20 quarts of milk a day.

Milk and milk products are those defined in the Pasteurized Milk Ordinance and He-P 2700, the New Hampshire Administrative Rules for Milk Producers, Milk Plants, Producer/Distributors, and Distributors. These products may be made from milk from any hooved mammal. **Grade "A"** milk products include, but are not limited to: milk, lowfat milk, nonfat milk, half & half, light whipping cream, light cream, heavy cream, eggnog, buttermilk, cultured milk, cultured lowfat milk, cultured nonfat milk, acidified milk, acidified lowfat milk, acidified nonfat milk, sour cream, yogurt, lowfat yogurt and nonfat yogurt. **Non-Grade "A"** milk products include, but are not limited to: ice cream, reduced fat ice cream, non fat ice cream, frozen yogurt, cottage cheese, soft cheese, and hard cheese.

If you have any questions, do not hesitate to contact me by telephone at (603) 271-4673 or by e-mail at lkeller@dhhs.state.nh.us.

Sincerely,

Leah Keller, Supervisor
Dairy Sanitation Program
Food Protection Section

FEE SCHEDULE

- | | |
|------------------------|--|
| CLASS 1 (\$200) | Over 25,000 pounds of milk and/or milk products sold/distributed per day. |
| CLASS 2 (\$150) | Over 10,000 pounds of milk and/or milk products sold/distributed per day but less than 25,000. |
| CLASS 3 (\$100) | Over 1,000 pounds of milk and/or milk products sold/distributed per day but less than 10,000. |
| CLASS 4 (\$50) | 1,000 pounds or less of milk and/or milk products sold/distributed per day. |



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MILK SANITATION LICENSE APPLICATION

(Please type or print)

Full Legal Name of Corporation or Owner: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

(For correspondence)

Telephone: () _____ **Fax:** () _____ **E-mail Address:** _____

Facility Name & Location: _____

(If different from above)

City: _____ **State:** _____ **Zip:** _____

Facility Contact Person: _____ **Telephone:** () _____ **Fax:** () _____

License Class: _____ **Fee:** _____ (See license class and fee schedule on cover letter)

Check One: (See definitions in cover letter) **Milk Plant** _____ **Producer-Distributor** _____ **Distributor** _____

Out-of-State Grade A Plants please indicate your IMS _____

Products Produced And/Or Distributed **Name of Manufacturer (if distributed only)** **Location**

(Please provide a complete list including brand names. Attach additional sheet if needed.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach the following:

1. Copy of each label used in New Hampshire.
2. Copy of the most recent facility inspection if the plant or producer-distributor is not located in New Hampshire and is not on the Interstate Milk Shipper's List. If the facility is listed, please indicate your IMS number in the space above.
3. Fee made payable to "Treasurer, State of New Hampshire". (See fee schedule on first page.)

I, (print name & title) _____, **certify that all information provided in or attached to this application is complete, accurate and up-to-date as of the date specified below. I further certify that there are no willful misrepresentations of the answers to questions herein, and that I have made no omissions with respect to any of my answers to the questions presented. I understand that it is my responsibility to immediately notify the Food Protection Section, Dairy Sanitation Program with regards to any changes, corrections or updates to the information provided.**

SIGNATURE OF APPLICANT: _____ **DATE OF APPLICATION:** _____

DO NOT WRITE BELOW THIS LINE

Date received: _____	Check number: _____	Amount: _____
Date issued: _____	License number: _____	Audit no.: _____
Reviewed by: _____	Date reviewed: _____	